



DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF THE BOARD OF HEALTH

Town of Arlington

27 Maple Street
Arlington, Massachusetts 02476

Christine Bongiorno, MPH, CHO
Director of Health and Human Services

Tel: 781 316-3170
Fax: 781 316-3175

To Whom It May Concern:

Enclosed is a 2014 Recreational Camp Application for the Town of Arlington. Please return the application, certifications, and \$55 fee as soon as possible. Once all information is received, we will call to schedule a pre-operational inspection. Please allow at least two weeks prior to the date you would like to open to complete this process.

For your convenience you will find the following documents enclosed:

- Christian's Law and supporting documents- This law pertains to all municipal and recreational programs or licensed camps conducting swimming at fresh or saltwater beaches.
- The U.S. CDC guidance Document entitled "Extreme Heat: A Prevention Guide to Promote Your Personal Health and Safety" – this information should be incorporated into each camp's orientation plan

Mass Department of Public Health guidance documents:

- "Meningococcal Disease and Camp Attendees: Commonly Asked Questions" ****This document is required to be distributed to all parents or guardians of camp attendees at the time of initial enrollment**
- "Public Health Fact Sheet: Rabies"
- "Is your Summer Camp Bat Proof?"
- "Capturing a Bat: What you need and How to Do It"
- "Camper Injury Report Form"

Additional guidelines for recreational camps can be found at www.mass.gov/dph , by clicking on the Community Sanitation Program link.

If you have any questions, please feel free to contact this office.

Sincerely,

Natasha Waden
Health Compliance Officer



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2014 APPLICATION FOR A LICENSE TO CONDUCT
A RECREATIONAL CAMP FOR CHILDREN

Name of Camp: _____

Site Address: _____

Site Telephone: _____

Name of Camp Owner: _____

Office Address _____

Telephone Number: _____

Name of Camp Operator (if different): _____

Address: _____

Telephone Number: _____

Name of Health Care Consultant: _____

Address: _____

Telephone Number: _____

Type of Camp: _____ Day _____ Residential

Hours of Operation: _____

Dates of Operation: _____ Opening: _____ Closing: _____

Swimming Pool: Yes _____ Pool Permit Number _____ No

Bathing Beach: Yes _____ No _____

Meals Provided: Yes _____ Food Permit Number _____ No

Signature of Applicant: _____

Official Title: _____ Date _____

The following page is a list of documents that must be submitted with this application. All documents must be complete in order to process a permit.

Required Documents

See the MA Regulations for Minimum Standards for Recreational Camps for Children, State Sanitary Code, Chapter IV - 105 CMR 430.000 and the guidance documents issued by the Department of Public Health, Division of Community Sanitation for additional assistance with developing the following documents.

- Staff information forms (see attached)
- Procedures for the background review of staff (105 CMR 430.090)
- Copy of promotional literature (105 CMR 430.190(C))
- Procedures for reporting suspected child abuse or neglect (105 CMR 430.093)
- Health care policy (105 CMR 430.159(B))
- Discipline policy (105 CMR 430.191)
- Fire evacuation plan – approved by local fire department (105 CMR 430.210(A))
- Disaster plan (105 CMR 430.210(B))
- Lost camper plan (105 CMR 430.210(C))
- Lost swimmer plan (105 CMR 430.210(C))
- Traffic control plan (105 CMR 430.210(D))
- Day Camps – contingency plan (105 CMR 430.211)
- Primitive, Trip or Travel Camps – Written itinerary, including sources of emergency care, and contingency plans (105 CMR 430.212)
- Current certificate of occupancy from local building inspector (105 CMR 430.451)
- Written statement of compliance from the local fire department (105 CMR 430.215)
- If applying for initial license after January 1, 2000 – lab analysis of private water supply (if applicable) (105 CMR 430.300, .303)

Please note: If you are applying for an original camp license, that is, the original camp license in each community where the camp is located, you must file a plan showing the following with the board of health at least 90 days before your desired opening date (See MGL Ch. 140 s. 32A):

- Buildings, structures, fixtures and facilities
- Proposed source of water supply
- Works for disposal or sewage and waste water

Camp Director

Name: _____

Age: _____

Coursework in camping administration: _____

Previous camp administration experience: _____

_____**Health Care Consultant**

Name: _____

Type of Medical License (must be a physician, nurse practitioner, or physician assistant
with pediatric training): _____

MA License Number: _____

Health Supervisor

Name: _____

Age: _____

Type of Medical License, Registration or Training (See 105 CMR 430.159(C): _____

Aquatics Director

Name: _____

Age: _____

Lifeguard Certificate issued by: _____

Expiration date: _____

American Red Cross CPR Certificate: _____

Expiration date: _____

American First Aid Certificate: _____

Expiration date: _____

Previous aquatics supervisory experience: _____

Attach the names, ages, applicable current certifications (if any), such as First Aid, and the anticipated role at the camp of all supervisory staff (see below). Use as many pages as necessary to complete this.

Supervisory staff means those persons with the responsibility, authority and training to provide direct supervision to camper groups. This may include counselors, junior counselors, general activity leaders or other staff who provide supervision to campers.



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Director of Health and Human Services

Tel: 781 316-3170
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Memo

To: Camp Applicants
From: Natasha Waden, Health Compliance Officer
Date: April 26, 2013
RE: Christian's Law / requirement of personal flotation devices for municipal and recreational programs and camps for minor children; determination of swimming ability.

The abovementioned law took effect on October 16, 2012. The law requires municipal and recreational programs or licensed camps conducting swimming at fresh or saltwater beaches in Massachusetts are in compliance with the Law this summer.

Summary of Christian's Law:

- Requires that municipal and recreational programs and camps for minor children have Coast Guard approved Type I, II or III personal flotation devices available to non-swimmers and at-risk swimmers who will be present in a swimming or diving area. This excludes swimming pools, wading pools and other artificial bodies of water.
- A "swimming test" shall be conducted at the first swimming session at municipal and recreational programs and camps in order to identify and classify non-swimmers and at-risk swimmers. Minors shall then be confined to swimming areas consistent with the limits of their swimming ability.
- No municipal or recreational program or camp for minor children shall refuse, decline or otherwise prohibit a parent, guardian or person with custody of a minor from providing a Coast Guard approved personal flotation device of Type I, II or III to such municipal or recreational. All personal flotation devices must be fit tested.

Please be aware, the above is just a summary and we encourage you to review the enclosed copy of the law and the FAQ page. Please also note that the Mass Department of Public Health is currently in the process of creating regulations pertaining to Christian's Law. Once approved, said regulations will be made available.

Questions regarding this matter may be direct to this office at 781-316-3170.

**PART I** ADMINISTRATION OF THE GOVERNMENT**TITLE XVI** PUBLIC HEALTH**CHAPTER 111** PUBLIC HEALTH

Section 127A1/2 Requirement of personal flotation devices for municipal and recreational programs and camps for minor children; determination of swimming ability

Section 127A1/2. (a) The department of public health shall adopt rules or regulations requiring municipal and recreational programs and camps for minor children under its jurisdiction to have a system in place to have Coast Guard approved personal flotation devices of Type I, II or III available to non-swimmers and at-risk swimmers who will be present in a swimming or diving area, excluding swimming pools, wading pools and other artificial bodies of water.

(b) A determination shall be made of each minor's swimming ability at the first swimming session at municipal and recreational programs and camps in order to identify and classify non-swimmers and at-risk swimmers. Minors attending a municipal or recreational program or camp shall then be confined to swimming areas consistent with the limits of their swimming skills or to swimming areas requiring lesser skills than those for which they have been classified.

(c) No municipal or recreational program or camp for minor children shall refuse, decline or otherwise prohibit a parent, guardian or person with custody of a minor from providing a Coast Guard approved personal flotation device of Type I, II or III to such municipal or recreational program or camp to be used by the minor for the duration of the minor's attendance at such camp.



MGL c. 111, §127A½

Christian's Law

Frequently Asked Questions

Q. What is Christian's Law?

- A.** Massachusetts General Law c. 111, §127A½, commonly referred to as Christian's Law, was enacted on July 12, 2012. The law requires that all municipal and recreational programs or licensed camps conducting swimming at fresh or saltwater beaches must:
- 1.) Ensure that all minors are swim tested at the first swimming session;
 - 2.) Provide a properly sized and snug fitting personal flotation device (PFD) Type I, II, or III to all minor children determined to be either a non-swimmer or an at-risk swimmer; and
 - 3.) Allow parents or legal guardians to provide their own properly fitting PFD to the child if they so choose.

Q. Is Christian's Law currently in effect?

- A.** While regulations clarifying swim test requirements and other aspects associated with PFDs are being prepared, the mandate requiring municipal and recreational programs or licensed camps to use PFDs if provided by a parent has been in effect since October 16, 2012 (90 days after Christian's Law was enacted).

Q. How are municipal and recreational programs different from licensed recreational camps for children?

- A.** A licensed recreational camp must meet certain regulatory requirements for licensing. The definition of a recreational camp for children is very specific, and programs not meeting the legal definition in regulation 105 CMR 430.000, as well as those exempt pursuant to M.G.L. c. 111, §127A, are not subject to these requirements including, but not limited to, mandatory background checks for staff and volunteers; proof of immunization for all staff and campers; and proof of training, certification, and experience for staff conducting or supervising specialized or high risk activities (e.g..swimming).

Q. How will municipal and recreational programs or licensed camps determine appropriate swimming classification?

- A.** The Massachusetts Department of Public Health (MDPH) with input from various stakeholders including the Christian E. Frechette (CEF) Foundation, the Massachusetts Camping Association (MCA), the Massachusetts Park and Recreation Association (MPRA), the Massachusetts Municipal Association (MMA), and the Alliance of Massachusetts YMCAs is assessing requirements for swimming skill determinations based on classifications developed by national safety organizations such as the American Red Cross (ARC), YMCA, and others. MDPH is developing a list of appropriate trainings that will prepare staff at municipal and recreational programs or licensed camps using beaches for swimming programs on the conduct of safe and effective swim tests to meet the requirements of Christian's Law. These national safety organizations provide training certifications for swim instructors to determine the level of a minor's swimming ability.

Q. How will municipal and recreational programs or licensed camps ensure the safety of non-swimmers and at-risk swimmers?

A. Once swimmers are classified, a system should be implemented to ensure that any child determined to be a non-swimmer or at-risk swimmer is clearly designated via an identification method such as the use of colored wristbands. Proper classification for all minors participating in swimming programs through the use of trained swim instructors is necessary along with ongoing supervision of designated non-swimmers and at-risk swimmers to ensure the continued use of properly fitting PFDs.

Q. How will municipal and recreational programs or licensed camps ensure appropriate PFDs are used?

A. Christian's Law requires that all PFDs used at municipal and recreational programs or licensed camps conducting swimming at fresh or saltwater beaches must be United States Coast Guard (USCG) certified according to type (I, II, III), size, and buoyancy. All PFDs must be in a serviceable condition prior to use. Information on the types of PFDs, size selection, and tips for determining and maintaining a PFD in serviceable condition is available from the USCG at:
http://www.uscgboating.org/safety/life_jacket_wear_wearing_your_life_jacket.aspx.

Q. What do parents and legal guardians need to know?

A. All children participating in swimming programs at municipal and recreational programs or licensed camps, excluding swimming pools, wading pools, and other artificial bodies of water, need to be classified according to their individual swimming ability through a swim test prior to entering the water for the first time. If the child is determined through swim testing to be a non-swimmer or at-risk swimmer then a properly fitting PFD must be provided by the municipal and recreational program or licensed camp. Christian's Law allows a parent or legal guardian to provide their own PFD for their child. Municipal and recreational programs or licensed camps should inform parents that they may choose to do so and, if the parents provide a PFD, it must be clearly identified with the child's name and contact information. Municipal and recreational programs or licensed camps must ensure the child is wearing the PFD during swimming activities and will need to initially and regularly check that the provided PFD is properly fitting.

Q. If parents can't afford a PFD for their child is there financial assistance available?

A. The CEF Foundation was established by the parents of Christian E. Frechette, the child that is named in Massachusetts General Law c. 111, §127A½. Parents who would like to provide a PFD for their child but are unable to purchase one may contact the CEF Foundation, which offers PFDs for underprivileged children at reduced or no cost. For more information please visit www.ceffoundation.org or contact Derek@ceffoundation.org.

Q. How will Christian's Law be enforced?

A. In Massachusetts, health regulations such as Christian's Law are incorporated in the State Sanitary Code. Similar to other regulations under the state sanitary code, Christian's law will be enforced at the local level through the Board of Health (LBOH), as well as by the MDPH pursuant to M.G.L. c. 111, §127A. All licensed camps are inspected annually for compliance as part of the licensing process by the LBOH, including swimming activities, pursuant to 105 CMR 430.000 – "Minimum Requirements for Recreational Camps for Children". Agents for the LBOH and/or the MDPH may conduct audit inspections at municipal and recreational programs pursuant to Christian's Law in conjunction with water testing pursuant to 105 CMR 445.000, "Minimum Requirements for Bathing Beaches".

For more information please visit the MDPH – Community Sanitation Program website
<http://www.mass.gov/dph/dcs> or contact the Massachusetts Department of Public Health,
Bureau of Environmental Health at **617-624-5757**.



Centers for Disease
Control and Prevention

Extreme Heat: A Prevention Guide to Promote Your Personal Health and Safety

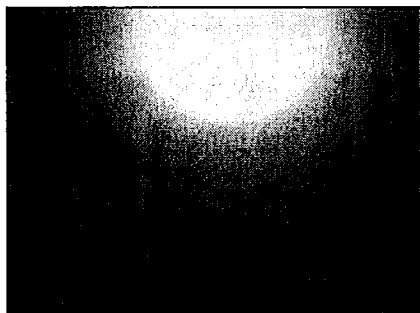
Extreme Heat Prevention Guide - Part 1

HIGHLIGHTS

- Elderly people (65 years and older), infants and children and people with chronic medical conditions are more prone to heat stress.
- Air-conditioning is thenumber one protective factor against heat-related illness and death. During conditions of extreme heat, spend time in locations with air-conditioning such as shopping malls, public libraries, or public health sponsored heat-relief shelters in your area.
- Get informed. Listen to local news and weather channels so you can contact your local public health department during extreme heat conditions for health and safety updates.
- Drink cool, nonalcoholic beverages and increase your fluid intake, regardless of your activity level.

Heat-related deaths and illness are preventable every year. Every year, many people succumb to extreme heat. Historically, from 1979-2003, excessive heat exposure caused 8,015 deaths in the United States. During this period, more people in this country died from extreme heat than from hurricanes, lightning, tornadoes, floods, and earthquakes combined. In 2001, 300 deaths were caused by excessive heat exposure.

People suffer heat-related illness when their bodies are unable to compensate and properly cool themselves. The body normally cools itself by sweating. But under some conditions, sweating just isn't enough. In such cases, a person's body temperature rises rapidly. Very high body temperatures may damage the brain or other vital organs.



Several factors affect the body's ability to cool itself during extremely hot weather. When the humidity is high, sweat will not evaporate as quickly, preventing the body from releasing heat quickly. Other conditions related to risk include age, obesity, fever, dehydration, heart disease, mental illness, poor circulation, sunburn, and prescription drug and alcohol use.

Because heat-related deaths are preventable, people need to be aware of who is at greatest risk and what actions can be taken to prevent a heat-related illness or death. The elderly, the very young, and people with mental illness and chronic diseases are at higher risk. However, even young and healthy individuals can succumb to heat if they participate in strenuous physical activities during hot weather. Air-conditioning is the number one protective factor against heat-related illness and death. If a home is not air-conditioned, people can reduce their risk for heat-related illness by spending time in public facilities that are air-conditioned.

Summertime activity, whether on the playing field or the construction site, must be balanced with measures that aid the body's cooling mechanisms and prevent heat-related illness. This pamphlet illustrates how you can prevent, recognize, and cope with heat-related health problems.

What Is Extreme Heat?

Conditions of extreme heat are defined as summertime temperatures that are substantially hotter and/or more humid than average for location at that time of year. Humid or muggy conditions, which add to the discomfort of high temperatures, occur when a "dome" of high atmospheric pressure traps hazy, damp air near the ground. Extremely dry and hot conditions can provoke dust storms and low visibility. Droughts occur when prolonged periods of little or no substantial rain fall. A heatwave combined with drought ought to save many lives.

During Hot Weather

To protect your health when temperatures are extremely high, remember to keep cool and use common sense. The following tips are important:

Drink Plenty of Fluids

During hot weather you will need to increase your fluid intake, regardless of your activity level. Don't wait until you're thirsty to drink. During heavy exercise in a hot environment, drink two to four glasses (16-32 ounces) of cool fluids each hour.



Warning: If your doctor generally limits the amount of fluid you drink or has you on water pills, ask how much you should drink when the weather is hot.

Don't drink liquid that contains alcohol, or large amounts of sugar—these actually cause you to lose more body fluid. Also avoid very cold drinks, because they can cause stomach cramps.

This information provided by NCEH's Health Studies Branch (<http://www.cdc.gov/nceh/hsb/>).

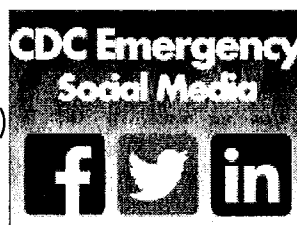
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(<http://ephtracking.cdc.gov/showClimateChangeExtremeHeat.action>)



(<http://www.ready.gov/>)



(</socialmedia/index.asp>)

Page last reviewed: May 31, 2012

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Content source: National Center for Environmental Health (NCEH) (<http://www.cdc.gov/nceh/>), Agency for Toxic Substances and Disease Registry (ATSDR) (<http://www.atsdr.cdc.gov/>), Coordinating Center for Environmental Health and Injury Prevention (CCEHIP) (<http://www.cdc.gov/about/organization/ccehip.htm>)



Centers for Disease
Control and Prevention

Extreme Heat: A Prevention Guide to Promote Your Personal Health and Safety

Extreme Heat Prevention Guide - Part 2

Replace Salt and Minerals

Heavy sweating moves salt and minerals from the body. These are necessary for our body and must be replaced. If you must exercise, drink two to four glasses of cool, non-alcoholic fluid each hour. A sports beverage can replace the salt and minerals you lose in sweat. However, if you are on a low-salt diet, talk with your doctor before drinking a sports beverage or taking salt tablets.

Wear Appropriate Clothing and Sunscreen

Wear as little clothing as possible when you are outside. Choose lightweight, light-colored, loose-fitting clothing. Sunburn affects your body's ability to cool itself and causes a loss of body fluids. It also causes pain and damages the skin. If you must go outdoors, protect yourself from the sun by wearing a wide-brimmed hat (also keep your cooler) along with sunglasses, and by putting on sunscreen of SPF 15 or higher (the most effective products say "broad spectrum" or "UVA/UVB protection" on their labels) 30 minutes prior to going out. Continue to reapply it according to the package directions.

Schedule Outdoor Activities Carefully

If you must be outdoors, try to limit your outdoor activity to morning and evening hours. Try to rest often in shady areas so that your body's thermostat will have a chance to recover.

Pace Yourself



If you are not accustomed to working or exercising in a hot environment, start slowly and pick up the pace gradually. If exertion in the heat makes you feel your heart pounding and leaves you gasping for breath, STOP all activity. Get into a cool area or at least into the shade, and rest, especially if you become lightheaded, confused, weak, or faint.

Stay Cool Indoors

Stay indoors, if at all possible, stay in an air-conditioned place. If you do not have air conditioning, go to the shopping mall or public library—even a few hours spent in air conditioning can help you cool down when you go back to the heat. Call your local health department to see if there are any heat-relief shelters in your area. Electric fans may provide comfort, but when the temperature is in the high 90s, fans will not prevent heat-related illness. Taking a cool shower or bath or moving to an air-conditioned place is a much better way to cool off. Use your stove and oven less to maintain a cooler temperature in your home.

Use Buddy System

When working in the heat, monitor the condition of your co-workers and have someone do the same for you. Heat-induced illness can cause people to become confused or lose consciousness. If you are 65 years of age or older, have a friend or relative call to check on you twice a day during a heat wave. If you know someone in this age group, check on them at least twice a day.

Monitor Those at High Risk

Although anyone at any time can suffer from heat-related illness, some people are at greater risk than others.

- Infants and young children are sensitive to the effects of high temperatures and rely on others to regulate their environments and provide adequate liquids.
- People 65 years of age or older may not compensate for heat stress efficiently and are less likely to sense and respond to change in temperature.
- People who are overweight may be prone to heat sickness because of their tendency to retain more body heat.
- People who overexert during work or exercise may become dehydrated and susceptible to heat sickness.
- People who are physically ill, especially with heart disease or high blood pressure, or who take certain medications, such as for blood pressure, insomnia, or poor circulation, may be affected by extreme heat.



Visitadu lts atrisk at least twice a day and clo sely wa tch them for signs of heat exhaustion or heat stroke. Infants and young children, of course, need much more frequent watching.

Adjust the Environment

Be aware that a sudden change in temperature, such as an early summer heatwave, will be stressful to your body. You will have a greater tolerance for heat if you limit your physical activity until you become accustomed to the heat. If you travel to a hotter climate, allow several days to become acclimated before attempting any vigorous exercise, and work up to it gradually.

Do Not Leave Children in Cars

Even in cool temperatures, cars can heat up to dangerous temperatures very quickly. Even with the windows cracked open, interior temperatures can rise almost 20 degrees Fahrenheit within the first 10 minutes. Anyone left inside is at risk for serious heat-related illnesses or even death. Children who are left unattended in parked cars are at greater risk for heat stroke, and possibly death. When traveling with children, remember to do the following:

- Never leave infants, children or pets in a parked car, even if the windows are cracked open.
- Tell yourself that a child is in the car, keep a stuffed animal in the car seat. When the child is buckled in, place the stuffed animal in the front with the driver.
- When leaving your car, check to be sure everyone is out of the car. Do not ever look away from children who have fallen asleep in the car.

Use Common Sense

Remember to keep cool and use common sense:

- Avoid hot foods and heavy meals—they add heat to your body.
- Drink plenty of fluids and replace salts and minerals in your body. Do not take salt tablets unless under medical supervision.
- Dress infants and children in cool, loose clothing and shade their heads and faces with hats or umbrellas.
- Limit sun exposure during mid-day hours and in places of potential severe exposures such as beaches.
- Do not leave infants, children, or pets in a parked car.
- Provide plenty of fresh water for your pets, and leave them water in a shady area.

This information provided by NCEH's Health Studies Branch (<http://www.cdc.gov/nceh/hsb/>).

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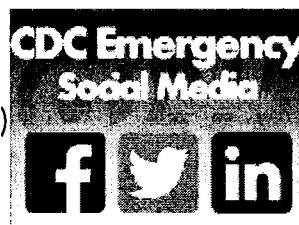


INFOGRAPHIC

(<http://ephtracking.cdc.gov/showClimateChangeExtremeHeat.action>)



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Extreme Heat: A Prevention Guide to Promote Your Personal Health and Safety

Extreme Heat Prevention Guide - Part 3

Hot Weather Health Emergencies

Even short periods of high temperatures can cause serious health problems. During hot weather health emergencies, keep informed by listening to local weather and news channels or contact local health departments for health and safety updates. Do not go out on a hot day, spending too much time in the sun or staying too long in an overheated place can cause heat-related illnesses. Know the symptoms of heat disorders and overexposure to the sun, and be ready to give first aid treatment.



Heat Stroke

Heat stroke occurs when the body is unable to regulate its temperature. The body's temperature rises rapidly, the sweating mechanism fails, and the body is unable to cool down. Body temperature may rise to 106°F or higher within 10 to 15 minutes. Heat stroke can cause death or permanent disability if emergency treatment is not provided.

Recognizing Heat Stroke

Warning signs of heat stroke vary but may include the following:

- An extremely high body temperature (above 103°F, orally)
- Red, hot, and dry skin (no sweating)
- Rapid, strong pulse
- Throbbing headache
- Dizziness
- Nausea
- Confusion

- Unconsciousness

What to Do

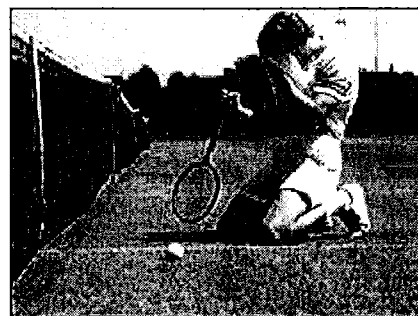
If you see any of these signs, you may be dealing with a life-threatening emergency. Have someone call for immediate medical assistance while you begin cooling the victim. Do the following:

- Get the victim to a shady area.
- Cool the victim rapidly using whatever methods you can. For example, immerse the victim in a tub of cool water; place the person in a cool shower; spray the victim with cool water from a garden hose; sponge the person with cool water; or if the humidity is low, wrap the victim in a cool, wet sheet and fan him or her vigorously.
- Monitor body temperature, and continue cooling efforts until the body temperature drops to 101-102°F.
- If emergency medical personnel are delayed, call the hospital emergency room for further instructions.
- Do not give the victim fluids to drink.
- Get medical assistance as soon as possible.

Sometimes a victim's muscles will begin to twitch uncontrollably as a result of heat stroke. If this happens, keep the victim from injuring himself, but do not place any object in the mouth and do not give fluids. If there is vomiting, make sure the airway remains open by turning the victim on his or her side.

Heat Exhaustion

Heat exhaustion is a milder form of heat-related illness that can develop after several days of exposure to high temperatures and inadequate or unbalanced replacement of fluids. It is the body's response to excessive loss of the water and salt contained in sweat. Those most prone to heat exhaustion are elderly people, people with high blood pressure, and people working or exercising in a hot environment.



Recognizing Heat Exhaustion

Warning signs of heat exhaustion include the following:

- Heavy sweating
- Paleness

- Muscle cramps
- Tiredness
- Weakness
- Dizziness
- Headache
- Nausea or vomiting
- Fainting

The skin may become cool and moist. The victim's pulse rate will be fast and weak, and breathing will be fast and shallow. If heat exhaustion is untreated, it may progress to heat stroke. Seek medical attention immediately if any of the following occurs:

- Symptoms are severe
- The victim has a heart problem or high blood pressure

Otherwise, help the victim to cool off, and seek medical attention if symptoms worsen or last longer than 1 hour.

What to Do

Cooling measures that may be effective include the following:

- Cool, non-alcoholic beverages
- Rest
- Cool shower, bath, or sponge bath
- Air-conditioned environment
- Lightweight clothing

Heat Cramps

Heat cramps usually affect people who sweat a lot during strenuous activity. This sweating depletes the body's salt and moisture. The loss of salt in the muscles may be the cause of heat cramps. Heat cramps may also be a symptom of heat exhaustion.

Recognizing Heat Cramps

Heat cramps are muscle pains or spasms—usually in the abdomen, arms, or legs—that may occur in association with strenuous activity. If you have a heart problem or are on a low-sodium diet, get medical attention for heat cramps.

What to Do

If medical attention is not necessary, take these steps:

- Stop all activity, and sit quietly in a cool place.
- Drink clear juice or sports beverage.
- Do not return to strenuous activity for a few hours after the cramps subside, because further exertion may lead to heat exhaustion or heat stroke.
- Seek medical attention for heat cramps if they do not subside in 1 hour.

Sunburn

Sunburn should be avoided because it damages the skin. Although the discomfort is usually mild and healing often occurs within a week, a more severe sunburn may require medical attention.



Recognizing Sunburn

Symptoms of sunburn are well known: the skin becomes red, painful, and abnormally warm after sun exposure.

What to Do

Consult a doctor if the sunburn affects an infant younger than 1 year of age or if the symptoms are present:

- Fever
- Fluid-filled blisters
- Severe pain

Also, remember these tips when treating sunburn:

- Avoid repeated sun exposure.
- Apply cold compresses or immerse the sunburned area in cool water.
- Apply moisturizing lotion to affected areas. Do not use salve, butter, or ointment.
- Do not use blisters.

Heat Rash

Heat rash is a skin irritation caused by excessive sweating during hot, humid weather. It can occur at any age but is most common in young children.



Recognizing Heat Rash

Heat rashes look like a cluster of pimples or small blisters. It is more likely to occur on the neck and upper chest, in the groin, under the breasts, and in the armpits.

What to Do

The best treatment for heat rash is to stop exposure, move to a cooler, less humid environment. Keep the affected area dry. Dusting powder may be used to increase comfort.

Treating heat rash is simple and usually does not require medical assistance. Other heat-related problems can be much more severe.

This information provided by NCEH's Health Studies Branch (<http://www.cdc.gov/nceh/hsb/>).

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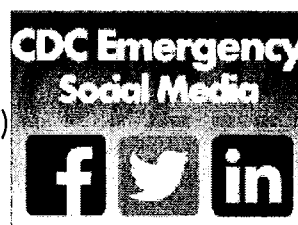
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<http://ephtracking.cdc.gov/showClimateChangeExtremeHeat.action>



<http://www.ready.gov/>



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Content source: National Center for Environmental Health (NCEH) (<http://www.cdc.gov/nceh/>), Agency for Toxic Substances and Disease Registry (ATSDR) (<http://www.atsdr.cdc.gov/>), Coordinating Center for Environmental Health and Injury Prevention (CCEHIP) (<http://www.cdc.gov/about/organization/ccehip.htm>)

Meningococcal Disease and Camp Attendees:

Commonly Asked Questions

August 2011

What is meningococcal disease?

Meningococcal disease is caused by infection with bacteria called *Neisseria meningitidis*. These bacteria can infect the tissue (the "meninges") that surrounds the brain and spinal cord and cause meningitis, or they may infect the blood or other organs of the body. In the US, about 1,000-3,000 people get meningococcal disease each year and 10-15% die despite receiving antibiotic treatment. Of those who survive, about 11-19% may lose limbs, become deaf, have problems with their nervous system, become mentally retarded, or have seizures or strokes.

How is meningococcal disease spread?

These bacteria are passed from person-to-person through saliva (spit). You must be in close contact with an infected person's saliva in order for the bacteria to spread. Close contact includes activities such as kissing, sharing water bottles, sharing eating/drinking utensils or sharing cigarettes with someone who is infected; or being within 3-6 feet of someone who is infected and is coughing and sneezing.

Who is at most risk for getting meningococcal disease?

People who travel to certain parts of the world where the disease is very common, microbiologists, people with HIV infection and those exposed to meningococcal disease during an outbreak are at risk for meningococcal disease. Children and adults with damaged or removed spleens or terminal complement component deficiency (an inherited immune disorder) are at risk. People who live in certain settings such as college freshmen living in dormitories and military recruits are at greater risk of disease.

Are camp attendees at increased risk for meningococcal disease?

Children attending day or residential camps are **not** considered to be at an increased risk for meningococcal disease because of their participation.

Is there a vaccine against meningococcal disease?

There are currently 2 types of vaccines available in the US that protect against 4 of the most common of the 13 serogroups (subgroups) of *N. meningitidis* that cause serious disease. Meningococcal polysaccharide vaccine is approved for use in those 2 years of age and older. There are 2 licensed meningococcal conjugate vaccines. Menactra® is approved for use in those 9 months – 55 years of age. Menveo® is approved for use in those 2 to 55 years of age. Meningococcal vaccines are thought to provide protection for approximately 5 years.

Should my child receive meningococcal vaccine?

Meningococcal vaccine is **not** recommended for attendance at camps. However, this vaccine is recommended for certain age groups; contact your child's health care provider. In addition, parents of children who are at higher risk of infection, because of certain medical conditions or other circumstances, should discuss vaccination with their child's healthcare provider.

How can I protect my child from getting meningococcal disease?

The best protection against meningococcal disease and many other infectious diseases is thorough and frequent handwashing, respiratory hygiene and cough etiquette. Individuals should:

1. wash their hands often, especially after using the toilet and before eating or preparing food (hands should be washed with soap and water or an alcohol-based hand gel or rub may be used if hands are not visibly dirty);
2. cover their nose and mouth with a tissue when coughing or sneezing and discard the tissue in a trash can; or if they don't have a tissue, cough or sneeze into their upper sleeve.
3. not share food, drinks or eating utensils with other people, especially if they are ill.

You can obtain more information about meningococcal disease or vaccination from your healthcare provider, your local Board of Health (listed in the phone book under government), or the Massachusetts Department of Public Health Division of Epidemiology and Immunization at (617) 983-6800 or toll-free at (888) 658-2850 or on the MDPH website at www.mass.gov/dph.

PUBLIC HEALTH FACT SHEET

Rabies

Massachusetts Department of Public Health, 305 South Street, Jamaica Plain, MA 02130

What is rabies?

Rabies is a very serious disease that affects the brain and spinal cord of mammals (if an animal has hair or fur, it is a mammal). Cats, dogs, raccoons, coyotes and foxes are mammals, as are people. Rabies is caused by a virus and almost always causes death. Rabies is usually a disease of animals, but it can spread from an infected animal to a person.

How is rabies spread?

Rabies spreads when an animal with rabies bites another animal or person. The rabies virus is in the saliva (spit) of infected animals. Infected animals can also spread rabies if their saliva gets into a scratch or other wound, or the eyes, nose or mouth of another person or animal.

Does rabies cause death in people in the U.S.?

Yes, but it is very rare for people to get rabies in the United States. Of the 55,000 people who die of rabies every year around the world, only one or two of those deaths occur in the United States. The last death from rabies in a Massachusetts resident was in 1983, associated with exposure in Nigeria.

How common is rabies in animals in Massachusetts?

Fairly common. Since 1992, more than 5,000 animals have tested positive for rabies in Massachusetts. Most of these cases occurred in wild animals like raccoons, skunks, bats, woodchucks and foxes, but every year some pets (especially cats) and farm animals also get rabies. Fortunately, there is a vaccine to protect dogs and cats from rabies.

Is there something special about bats and rabies?

Yes. Most of the recent human cases of rabies in the US have been caused by bats. Any possible contact with bats should be taken seriously. This includes a bite or scratch, waking up with a bat in the room or finding a bat in a room with a young child or mentally impaired person. Bat teeth are so small that a person may not realize they have been bitten, so bat exposures need to be carefully evaluated.

What kinds of animals don't get rabies?

Birds, fish, reptiles (such as snakes, turtles and lizards), amphibians (such as frogs and salamanders) and insects (bugs) cannot get or spread rabies.

Can you tell if an animal is rabid?

You cannot tell if an animal has rabies just by looking at it. Rabid animals may act strangely after the virus affects their brains, or they may seem just fine. Sometimes, rabid animals may aggressively attack people or other animals. Sometimes, a test is done on an animal's brain to find out if it had rabies.

How is rabies prevented in people?

After a person is exposed to rabies, they can be given shots (called "immune globulin") around the bite or scratch to help fight the virus where it entered the body. They will also get 4 or 5 vaccinations (shots) in their arm over several weeks. These shots will also help the person fight the virus. As long as the shots are given before the person starts to get sick, this will prevent them from getting rabies. If a person does not get the shots and then gets sick with rabies, there is no effective treatment. Rabies is almost always fatal.

What should you do if you think you've been exposed to rabies?

If you are bitten or scratched by an animal:

- Wash the wound with soap and water **right away** for ten minutes.
- Call your health care provider or local board of health. They can help you determine if you need to be treated for a rabies exposure.
- Your local animal control officer may be able to catch the animal that scratched or bit you. Wild animals should be tested immediately for rabies. Cats, dogs, ferrets and cows can be watched for 10 days. If they stay healthy, they did not expose you to rabies.

What should you do if you find a bat in your home?

- If the bat is found in a room with a sleeping person, an unattended young child, a mentally incapacitated person or a pet, the bat should be safely captured and tested for rabies. Information about how to safely capture a bat can be found in the document called *Capturing a Bat: What You Need and How To Do It* at www.mass.gov/dph/rabies.
- Call your local board of health for help in getting the bat tested for rabies.
- Call your healthcare provider, your local board of health or the Massachusetts Department of Public Health to help you determine if you need to be treated for a rabies exposure.

What should you do if you think your pet has been exposed to rabies?

If your pet is bitten or scratched by another animal:

- Call your veterinarian to help you determine if the animal needs medical attention.
- Your local animal control officer may be able to catch the animal that scratched or bit your pet. Wild animals should be tested immediately for rabies.
- In some cases, it may be necessary to confine your animal and watch it to see if it develops signs of rabies. Your local animal inspector can help you determine if this is necessary.

How can you help prevent rabies in Massachusetts?

- Teach children to never approach animals they don't know – even if they appear friendly.
- Report any animal that behaves oddly to your local animal control official.
- Enjoy wild animals from a distance. Do not keep wild animals as pets. This is against the law in Massachusetts.
- Make sure your pets are vaccinated against rabies. By law, all dogs, cats and ferrets must be regularly vaccinated against rabies.
- Don't feed or water your pets outside. Even empty bowls will attract wild and stray animals.
- Keep your pets in a fenced yard or on a leash and do not let them roam freely.
- Keep your garbage securely covered. Open garbage will attract wild or stray animals.
- Keep your chimney capped and repair holes in attics, cellars, and porches to help keep wild animals like bats and raccoons out of your home.

Where can you get more information?

- Your doctor, nurse or clinic, or local board of health (listed in the phone book under local government)
- Massachusetts Department of Public Health, Division of Epidemiology and Immunization at (617) 983-6800 or toll-free at 1-888-658-2850 or on the MDPH website at www.mass.gov/dph/rabies
- Massachusetts Department of Agricultural Resources, Division of Animal Health at (617) 626-1786 or on the MDAR website at www.mass.gov/agr

Attention Summer Camp Directors, Nurses and Maintenance Staff!

Is Your Summer Camp Bat Proof?

Bats are frequently found in summer camp settings for several reasons. First, summer camps are often located in areas that provide suitable habitat for bats and other wildlife. Second, bats are most active during the warm summer months. Finally, some camp buildings are not built to be weather-tight and bats may find ways to get inside.

Rabid bats may show abnormal behavior including: being on the ground, landing on someone, and/or flying during the day. However, there is no way to tell if an animal is rabid simply by looking at it. **All contact with bats and other wild animals should be reported to the camp nurse.**

Cabins used for sleeping should be inspected every spring before the camp opens.

- Inspect attic space, rafters, porches, and walls for signs of roosting (sleeping or resting) bats, such as bat guano (feces) and crystallized urine, or a musty odor.
- Look for openings that bats could get through, including spaces larger than 5/8 inch by 7/8 inch and long thin slots larger than 1/4 inch by 2 inches.
- If evidence of bats is found during an inspection, the cabin should not be used for sleeping until the animals have been removed and the building batproofed.

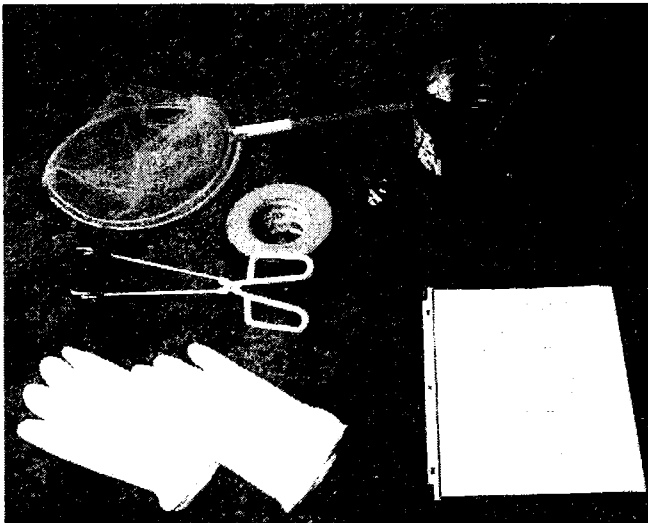
Camp buildings and cabins, particularly those used as sleeping quarters, should be **batproofed**.

- Bat proofing should take place during the month of May or from August 1 through mid-October when most bats will have left to hibernate or will have raised their young.
- Seal openings larger than 5/8 inch by 7/8 inch, or long thin slots larger than 1/4 inch by 2 inches.
- Use materials such as expanding spray-on foam, caulk, wire mesh, wood that fits tightly, steel wool (around pipes that enter buildings) etc., to seal gaps and holes.
- Make sure windows have screens, chimneys are capped, and electrical and plumbing openings are plugged.

For questions about bats and rabies, please contact your local board of health or call the Massachusetts Department of Public Health, Division of Epidemiology and Immunization at 617-983-6800.

For more information about bats contact the Division of Fisheries and Wildlife at www.mass.gov/masswildlife or call 508-389-6300.

Capturing a Bat: What You Need and How to Do It



Items for a Bat Capture Kit

- **Gloves** – heavy, preferably pliable, thick leather.
- **Kitchen tongs or forceps** – 9" to 12" in length.
- **Coffee can or other similar container** – preferably with a tight-fitting lid.
- **Sheet of cardboard**
- **Tape**
- **Net** – with fine mesh and long handle.
- **Flashlight** – to locate the bat without scaring the animal and causing it to fly around in alarm.
- Guidelines for **How To Handle Bats at Summer Camp** or **What To Do If You Find a Bat In Your Home** – to determine when a bat should be captured.

When to capture a bat

- If contact between a person and a bat may have occurred, even if no wounds can be seen.
- If a bat is found close to an unattended child, a person who was sleeping, a person with sensory or mental impairment, or a pet.

To obtain the items listed above, the following types of vendors are suggested:

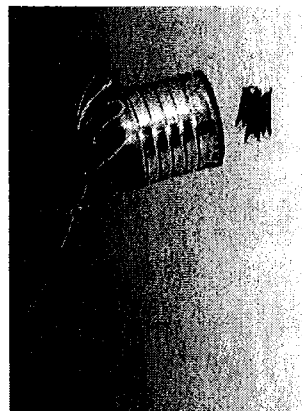
- **Hardware store/home & garden center** – gloves, flashlight, batteries, tape, tongs
- **Medical supply company** – forceps
- **Forestry supply company** – fine mesh insect net

How to capture a bat on a wall

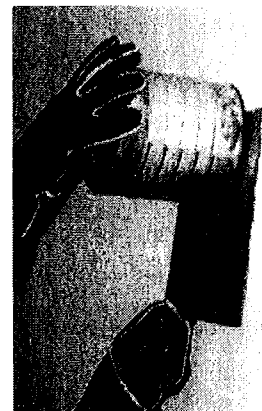
Use a container – Close the doors and windows to the room, then wait until the bat lands. Approach slowly, placing the container over the bat (1). Slide the cardboard between the wall and the container, lifting away from the wall as a unit (2). Slowly slide the cardboard off the container while simultaneously slipping on the appropriately sized lid (3a and b). Tape a lid to the container so the bat can not escape and label the container so it is not accidentally opened (4). Contact your local board of health.

How to capture a bat in a high place or in flight

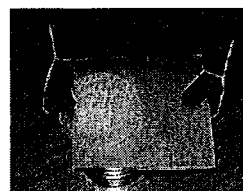
Use a net – Bats are very sensitive to movement around them. To capture a bat with a net you have to come from behind. Transfer the bat to a container with forceps or thick leather gloves.



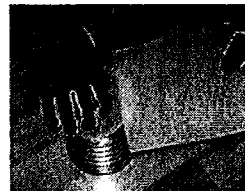
1



2



3a



3b



4

For questions about bats and rabies please contact your local board of health or call the Massachusetts Department of Public Health, Division of Epidemiology and Immunization at 617-983-6800.

**MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
COMMUNITY SANITATION PROGRAM
RECREATIONAL CAMPER INJURY REPORT FORM**

In accordance with M.G.L. c. 111, §§ 3 and 127A and 105 CMR 430.000: Minimum Sanitation and Safety Standards for Recreational Camps for Children (State Sanitary Code Chapter IV), 105 CMR 430.154 specifically requires that a report be completed, on a form prescribed by the Massachusetts Department of Public Health, for each fatality or serious injury as a result of which a camper or staff person is sent home, or is brought to the hospital or a physician's office and where a positive diagnosis is made. Such injuries shall include, but shall not necessarily be limited to, those where suturing or resuscitation is required, bones are broken, or the child is admitted to the hospital. **A copy of each injury report must be sent to the Massachusetts Department of Public Health within SEVEN (7) days of the occurrence of the injury.** PLEASE PROVIDE A COMPREHENSIVE AND THOROUGH RESPONSE TO EVERY QUESTION.

1. Name of Camp: _____

2. Address: _____ City/ Town _____

3. Name of Camp Director: _____ 4. Telephone: _____

5. Today's Date: _____ 6. Date of Injury: _____ 7. Time of Injury: _____ (AM/PM)

8. Did the injury involve a camper, staff person or both : _____

9a. Age of Camper and/or Staff Person: _____ 9b. Gender: Male _____ Female _____

10. Briefly describe the incident and subsequent injury: **(Please do not include personal identifying information)**

11. If the injury occurred outdoors, what were the weather conditions at the time of the incident?

Report ID Number

_____|_____|_____

(Internal Use Only)

(continued over)

12. Did the injury occur on the campground? If not, specify the off-site location where the injury occurred.
(please describe the exact location)

13. What body part(s) were injured:

01. Head/Skull _____ 02. Face _____ 03. Neck _____ 04. Arm _____ 05. Hand _____
06. Back _____ 07. Abdomen _____ 08. Leg _____ 09. Ankle _____ 10. Foot _____
11. Other, please specify _____

14. How did injury occur?

01. Falling _____ 02. Collision with person or object _____ 03. Struck by another person or object _____
04. Drowning or near drowning _____ 05. Bite or Sting _____ 06. Cut _____ 07. Burn _____
08. Other, please specify _____

15. Where was the injured person treated?

01. Treated in camp infirmary _____ 02. Treated in hospital Emergency Room, Physician's Office _____
03. Admitted to Hospital _____ 04. Other, please specify _____

16. Was the camper sent home as a result of the injury?

Yes _____ No _____

17. Was more than one camper injured? Yes _____ No _____ If Yes, how many ? _____

18. Did the injury involve alleged abuse / neglect ? Yes _____ No _____

19. What changes were made in the camp, its environment, or operation as a result of this injury to prevent a reoccurrence?

Please describe specific changes made:

PLEASE MAIL OR FAX CAMPER INJURY REPORTS TO:

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
BUREAU OF ENVIRONMENTAL HEALTH
COMMUNITY SANITATION PROGRAM
250 WASHINGTON STREET-7th FLOOR
BOSTON, MA 02108-4619
TELEPHONE (617)-624-5757
FAX (617) 624-5777